<u> </u>			October 1, 200	03		110/0	20,	509	
h.	CLAIM		ED - PARTI		SHAP		201	27/	
TOTAL CL	AIMS	- 1 '9	אויינות וו	(Column 2)	TYPE	LL ENTITY	OR SM	THER THA	N
FOR			2	/	RA	TE FEE	—		
			MBER FILED	NUMBEREXTA	BASIC	FEE 385.00	-		
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• If the differ	ence in column	1 is loss th			1 145	;= ·	OR +290	0= -	٦
			an zero, enter "0"		TOTA	VL -	OR TOTA	-	
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4	.CLAIMS		(Column 2	(Column 3	SMAL	L ENTITY	OR SMAI	LL ENTITY	.
2	REMAININ AFTER	1	NUMBER	1	RATE	ADDI-		ADDI	7
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الم الم	_			• .	+145=		+290=		l
2/705	Column 1)	•	(Cal	•	TOTA ADDIT, FEI		ADDIT: FE]
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L	AFTER AMENDMENT		PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL	RATE	ADDI-	1
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FIRST PRES	ENTATION OF M	ULTIPLE DI	EPENDENT CLAIN		X43=	OF	X86=		
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ndependent .		Minus	894	<u>-</u>	X\$ 9=	OR	X\$18=		
IRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT CLAIM		X43=	OR	X86=		
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he "Highest Nun	nn 1 is less than the ober Previously Pair	entry in colu	mn 2, write "O" in coll. S SPACE is less than	Jmn 3.	TOTAL	OR	+290=		
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